RUN DATE OF REPORT: 08/14/2003 LAST FILE UPDATE: 08/13/2003 OSCAR REPORT 3 PAGE: 1

HISTORY FACILITY PROFILE

TYPE ACTION: INITIAL GOOD SHEPHERD HOME CARE PROVIDER #: 467208 3094 SOUTH STATE STREET PHONE NUMBER: (801) 558-7359 TYPE FACILITY: OFFICIAL HEALTH

SALT LAKE CITY UT 84115 PARTICIPATION DATE: 06/06/2003 TYPE OWNERSHIP: PROPRIETARY

STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE
SURVEY SURVEY SURVEY OF CORRECTION
06/06/2003

PROGRAM REQUIREMENTS

*** NO DEFICIENCIES WERE FOUND ***

P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT ELE = ELEMENT STD = STANDARD COP = CONDITION C=DATE OF CORRECTION N=NO DATE GIVEN

* = REGIONAL OFFICE FLAG (INCLUDES COPS)

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	0	0	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	0	0	0

STATUS OF DEFICIENT COPS CURRENT SURVEY

DEFICIENCY NOT DEFICIENCY CORRECTED REPEAT COP AFTER APPROVAL DEFICIENCY CORRECTED

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

COP

* NO FMS SURVEYS FOR THIS FACILITY